



**City
of
Milwaukee**

Employment Application for PUBLIC HEALTH NURSE

Department of Employee Relations
City Hall, Room 706
200 East Wells Street
Milwaukee WI 53202-3554

414-286-3751

TDD 414-286-2960

www.milwaukee.gov/der

INSTRUCTIONS TO APPLICANT- Please:

1. Use a typewriter or print answers in black ink.
2. Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
3. Date and sign on page 2.
4. Print your Last Name in the left margin.
5. Keep a copy of completed application materials for your files.

NAME _____

Exam #06-034

| | | | |
|--|--------------------|--|---|
| Last Name _____ First _____ Middle Initial _____ | | | Do you currently live in the City of Milwaukee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you become a resident? (month/year) _____ NOTE: <i>City employees must live in the City. Residency proof will be required at the time of hire or within six months.</i> List any other names by which you have been known on official records: _____ _____ |
| Address _____ Apt. # _____ | | | |
| City _____ | State _____ | Zip Code _____ | |
| Day phone: _____ | () _____ | - _____ | |
| Evening phone: _____ | () _____ | - _____ | |
| Email Address: _____ | | | |
| Social Security Number _____ - _____ - _____ | | | |
| Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, how old are you? _____ years months | | | |
| Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees: _____ _____ _____ | | | |
| MILITARY SERVICE * Read carefully if you may be eligible for veteran's preference points. * Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. For further information please see the back page of the application. | | | |
| Military Status <input type="checkbox"/> Enlisted, drafted or commissioned--active duty <input type="checkbox"/> Enlisted or commissioned reserve or National Guard service --active duty for training only Date Entered Active Duty: _____ Date Terminated Active Duty: _____ If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unremarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application. | | Period of Service <input type="checkbox"/> August 27, 1940-July 25, 1947 <input type="checkbox"/> June 27, 1950-January 31, 1955 <input type="checkbox"/> August 5, 1964-January 1, 1977 <input type="checkbox"/> Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined) <input type="checkbox"/> Afghanistan War (September 11, 2001 to date to be determined) <input type="checkbox"/> Called to active duty in 1961 by Executive Order No. 10957 <input type="checkbox"/> Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal Date: _____ Location: _____ | |

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

EMPLOYMENT INFORMATION

| | | | | |
|--|------------|----------------|-----------------------------|---------------------|
| Are you legally authorized to work for any employer within the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| There may be a possibility of employment with other organizations. If so, may we refer your name? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"): | | | | |
| If you are <input type="checkbox"/> PRESENTLY or were <input type="checkbox"/> PREVIOUSLY employed by the City of Milwaukee, list the following: | | | | |
| POSITION TITLE | DEPARTMENT | PENSION NUMBER | FROM (MO./YR.) TO (MO./YR.) | |
| If you have ever been convicted of an offense, including felonies, misdemeanors and ordinance violations, or have charges pending, other than minor traffic violations, list details below. IF YOU LIST CONVICTIONS, PROVIDE YOUR BIRTHDATE ON PAGE 12. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. Use separate sheet if necessary: | | | | |
| CHARGE | DATE | LOCATION | COURT | DISPOSITION OF CASE |
| | | | | |
| | | | | |
| NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge. | | | | |

READ CAREFULLY BEFORE SIGNING

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: _____ **DATE:** _____

[illegible]

If more space is needed please make additional copies of this page or attach additional sheets.

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position. If more space is needed see following page.

[illegible]

| | |
|--|---|
| Employer | From: _____ To: _____ Month/year month/year |
| Address | Salary/Wage: \$_____ per _____ |
| Your Title | <input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____ |
| Supervisor's Name, Title and Phone Number | Reasons for leaving: |
| Describe your job responsibilities: _____ _____ _____ _____ _____ _____ _____ | |

If more space is needed please make additional copies of this page or attach additional sheets.

EMPLOYMENT HISTORY

| | |
|--|---|
| Employer | From: _____ To: _____ Month/year month/year |
| Address | Salary/Wage: \$_____ per _____ |
| Your Title | <input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____ |
| Supervisor's Name, Title and Phone Number | Reasons for leaving: |
| Describe your job responsibilities: _____ _____ _____ _____ _____ _____ _____ _____ _____ | |

[illegible]

[illegible]

BACHELOR'S DEGREE IN NURSING (BSN)

1. Do you have a Bachelor of Science Degree in Nursing (BSN) from an accredited nursing program?
_____ Yes _____ No
2. If yes, please indicate: College or University: _____
Location: _____
Date Degree Earned: _____
3. If no, are you currently enrolled in a BSN program? _____ Yes _____ No
4. If yes to #3, please indicate: Year in School (Fr., Soph., Jr., or Sr.): _____
College or University: _____
Location: _____
Date Degree Expected: _____

NURSING LICENSE

1. Are you currently licensed as a Registered Nurse in the State of Wisconsin? _____ Yes _____ No
2. If yes, what is your license Number? _____
3. If no, please describe your current situation and when you expect to receive your license:

DRIVER'S LICENSE

1. Do you have a current valid State of Wisconsin driver's license: _____ Yes _____ No
2. If yes, what is your Driver's License number? _____
3. Do you have an automobile that you can use on the job? _____ Yes _____ No
4. Is this automobile properly insured? _____ Yes _____ No

Note: A valid Wisconsin driver's license and properly insured automobile are required for this position. If you answered "No" to any of the above questions, please explain below:

If more space is needed please make additional copies of this page or attach additional sheets.

EXPERIENCE

A. List number months you have worked as a professional nurse in each of the following categories.

Category of Professional Nursing**Months**

1. Public Health

2. Community (specify agency or agencies)

3. Hospital (specify type)

Obstetrics

Pediatrics

Psychiatric

or

4. Nursing Faculty (specify courses taught)

5. Other (specify type)

B. **LANGUAGE SKILLS**

Can you establish and maintain a conversation with a client who only speaks one of the following languages?

Spanish _____ Yes _____ No

Laotian _____ Yes _____ No

Hmong _____ Yes _____ No

Vietnamese _____ Yes _____ No

Russian _____ Yes _____ No

Other : _____ _____ Yes _____ No

If more space is needed, please make additional copies of this page or attach additional sheets.

Describe how your education and experience have prepared you to effectively perform the duties of a Public Health Nurse with the Milwaukee Health Department.

Please describe any clinical experience you have had in a public or community health agency. Include name of agency and length of experience.

Briefly describe any other training and experience you have had which would qualify you for the position—if you have not provided the information elsewhere on this form.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

_____ A signer
_____ A reader
_____ Extra time
_____ Other (Please describe) _____

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION FOR PUBLIC HEALTH NURSE

APPLICANT'S NAME _____ DATE _____

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. **THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS.** (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- ☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
- ☐ I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

- ☐ Enlisted, drafted or commissioned--active duty
- ☐ Enlisted or commissioned reserve or National Guard service--active duty for training only

Date Entered Active Duty: _____

Date Terminated Active Duty: _____

Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? ☐ YES ☐ NO**Spouse's Period of Service**

- ☐ August 27, 1940 - July 25, 1947
- ☐ June 27, 1950 - January 31, 1955
- ☐ August 5, 1964 - January 1, 1977
- ☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- ☐ Afghanistan War (September 11, 2001 to date to be determined)
- ☐ Called to active duty in 1961 by Executive Order No. 10957
- ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: _____

Location: _____

SIGNATURE _____ DATE _____